

FILE COPY Receipt

36J.P232

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

DENNY M. LIN

Application No.: 09/479,662

Filed: January 10, 2000

For: REDUCING DISCONTINUITIES
IN SEGMENTED SSAs

Group Art Unit: 2712

April 4, 2000

The Assistant Commissioner for Patents
Washington, D.C. 20231

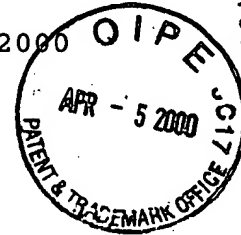
REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant's attorneys have received an Official Filing Receipt in the above-identified application in which the inventor's city of residence is incorrectly shown as "Fountian Valley". The inventor information should read --DENNY M. LIN, FOUNTAIN VALLEY, CA--.

Issuance of a Corrected Filing Receipt to correct this portion of the Filing Receipt is respectfully requested.

Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All



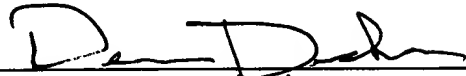
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correspondence should continue to be directed to our below
listed address.

Respectfully submitted,



Attorney for Applicant

Registration No. 40,595

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
B-12050

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Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/479,662	FILING DATE 01/10/2000 RULE _	CLASS 348	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. 36J.P232	
APPLICANTS DENNY M. LIN, FOUNTAIN VALLEY, CA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 02/14/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
ADDRESS 5514					
TITLE REDUCING DISCONTINUITIES IN SEGMENTED SSAS					
FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Date: 4/10/00

To: Technology Center 27D6

From: Dora Stroud, Supervisor
OIPE Customer Service
Charge Location 0350

Subject: Customer Requests

Serial Number: 09/479,662

File Location: 2700

The attached request for a corrected file receipt has been completed. Please forward the case to OIPE, Customer Service, CP2-6th Floor.

If you decide to keep the case, assign the request a paper number, endorse contents, punch holes in the documents, and replace the old Bib Data sheet with the updated version in the center of the file.

Your cooperation is greatly appreciated.

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